MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (181)

CERTIFICATE OF DEATH

07933

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 3 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 4

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 145 East Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lynwood Russel Bair

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1939

8. AGE: Years	Months	Days	If less than one day
1	1	27	hrs. min.

9. Birthplace Hagerstown- Wash. Md.
(Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name Russel T. Bair

13. Birthplace Hagerstown, Md.

MOTHER

14. Maiden name Helen Needy

15. Birthplace Hagerstown, Md. R F D

16. Informant Russel T. Bair

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 7, 1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. July 6, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1940 4:30 A M, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19, and that I last saw him alive on 19

Immediate cause of death	DURATION
Third and fourth degree burns head, face, limbs and chest	7/2/40
Due to No burning building involved. W.W.R.	
Due to Toxemia, cerebral edema	7/4/40
Other conditions Accident occurred at summer cottage, on the Potomac River while family was getting breakfast. Child	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Pulled electric percolator, full of boiling water over self

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 7/2/40

Where did injury occur? R. F. D. (City or town) Williamsport (County) Wash. (State) Md.

Injured at home, farm, industry, public place (where?) Cottage Dam # 4

Means of injury burn case Injured at work? no

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.

Address 115 N. Potomac St. Hagerstown, Md. M. D. or

Date signed 7/6/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (51B)

07934

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Benevola
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or Institution:
P.O. Boonsboro Md. R. 2
Stay in hospital or Inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 58 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Benevola Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Boonsboro Md. R. 2
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Charles Baker

3. (b) Social Security Number None.

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: Drusie Baker
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): December - 9 - 1860
8. AGE: Years 79 Months 7 Days 12 If less than one day ____ hrs. ____ min.
9. Birthplace: Benevola Wash. Co. Md.
(Town, county, and state)
10. Usual occupation: Farmer & Stone Mason
11. Industry or business: - Retired -
FATHER 12. Name: Levi Baker
FATHER 13. Birthplace: Funkstown Wash. Co. Md.
MOTHER 14. Maiden name: Barbara Furry
MOTHER 15. Birthplace: Funkstown Wash. Co. Md.
16. Informant: Mrs. Drusie Baker
Address: Boonsboro Md. R. 2
17. Burial (Burial, cremation, or removal. Which?) Date thereof July. 24. 1940 (month) (day) (year)
Cemetery or crematory: Benevola U. B. Cemetery
Location: Benevola Md.
18. Funeral director: Wm. J. Bast & Son
Address: Boonsboro Md.
19. July. 24. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940, at 4:15 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 21 1940 to ____ 19____, and that I last saw him alive on July 21 1940.
Immediate cause of death: Carcinoma of Prostate gland.
DURATION - 5 yrs.
Due to:
Due to:
Other conditions:
(Include pregnancy within 3 months of death)
Major findings: Carcinoma of Prostate
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE Walter H. Sheely M.D.
M. D. or other
Address Hagerstown Md. Date signed 7/23/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (157)

CERTIFICATE OF DEATH

07935

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington County
City or town Hagerstown, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Washington County Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Stillborn

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Jean Marie Baker

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widow(er), or divorced
Female	White	~~Stillborn~~

6 (b) Name of husband or wife Stillborn
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 10 1940

8. AGE: Years | Months | Days | If less than one day 6 hrs. min.

9. Birthplace Hagerstown Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Earl Glenn Baker
13. Birthplace Luray Va

MOTHER
14. Maiden name Ethel Wright
15. Birthplace Near Marlow W. Va

16. Informant Glenn Baker (father)
Address Falling Waters W. Va.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11 1940 (month) (day) (year)
Cemetery or crematory Harmony Cemetery
Location Near ~~W. Va~~ Marlowe, W. Va.

18. Funeral director Edith V Leaf
Address Williamsport, Md

19. July 10 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/10/40 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/10/40 19 , to 7/10/40 19 , and that I last saw h alive on 7/10/40 19 .

Immediate cause of death Strangulation (Cause)

DURATION 1 day

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE M. D. or other
Address Hagerstown Date signed 7/10/40

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186-a)

CERTIFICATE OF DEATH

07936

Reg. Diat. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Washington

City or town Hagerstown Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 week.

Hospital, institution, or street address where death occurred:
Wash. Co. Hospital

How long in hospital or institution? 1 week.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Washington

City or town Clear Spring - Rural -
(If outside city or town limits, write RURAL and give nearest town)

Street No. R. F. D. No. 1. Wilson Dist.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Clara Barnhart.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F.	W.	Widowed

6.(b) Name of husband or wife Benjamin Barnhart Deceased. 6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 21, 1862

8. AGE: Years 78 | Months 6 | Days 3 | If less than one day ... hrs. ... min.

9. Birthplace Roundtop Mt., Nr. Hancock, Md.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Jacob Barnhart
13. Birthplace Fulton Co., Pa.

MOTHER
14. Maiden name Caroline Stine
15. Birthplace Germany

16. Informant Mrs. Oral Murray
Address Clear Spring, Md. R7DH1

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27, 1940 (month) (day) (year)

Cemetery or crematory Marfordsburg Cemetery

Location Marfordsburg, Pa.

18. Funeral director T. P. Jenkins by A.K. Gehman

Address Hancock, Maryland

19 July 25, 1940 Chas. H. Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24, 1940 at 8:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept. 1, 1938, to July 24, 1940 and that I last saw her alive on July 24, 1940

Immediate cause of death	DURATION
Carcinoma of Breast - Inoperable -	4 years
Due to Metastasis to Spine	1 year
Due to Fracture of Left femur due to fall -	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op.

Autopsy results Above -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of July 17, 1940

Where did injury occur? At her home. (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Fall in bed room Injured at work?

23. SIGNATURE David R. Brewer M. D.

Address Clear Spring Md. Date signed July 25, 1940

RECEIVED
AUG 8 1940
BUREAU V. S.

07937

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (U)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 37 years

Hospital, institution, or street address where death occurred: 628 N. Prospect

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 628 N. Prospect
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Frances B. Barr

3. (b) Social Security Number 214-09-5207

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	married

6.(b) Name of husband ~~or wife~~ William W. Barr

6.(c) If alive, give age 36 years

7. Birth date of deceased (mo., day, yr.) Oct 27-1902

8. AGE:

Years	Months	Days	If less than one day
37	8	19	hrs. min.

9. Birthplace Hagerstown, Wash Co Md
(Town, county, and state)

10. Usual occupation Upper Cutter Dept

11. Industry or business Hagerstown Shoe & Legging

FATHER
12. Name William H. Jacob
13. Birthplace Tilghmanton, Md.

MOTHER
14. Maiden name Anna F. Showe
15. Birthplace Tilghmanton, Md.

16. Informant Mrs. Grace Feigley
Address Hagerstown, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 18-1940
(month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md

18. Funeral director C. M. Suter & Sons
Address Hagerstown, Md.

19. July 18, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 16 1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..., to ..... 19.....
and that I last saw her alive on ..... 19.....

Immediate cause of death	DURATION
Coronary occlusion	7/16/40
Diabetes mellitus	Jan 40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide No Date of -----

Where did injury occur? ------ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? No

23. SIGNATURE S. Robert Mills DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or other

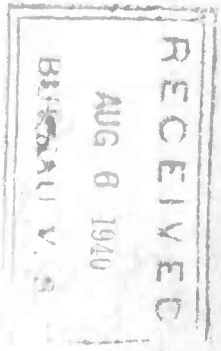
Address Hagerstown, Md. Date signed 7/17/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

214-09-5207



07938

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 10 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (WITHIN CORPORATE LIMITS OF) Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 31 E. Lee Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Thomas M. Battle

3. (b) Social Security Number: 214-09-8182

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Widowed

8 (b) Name of husband or wife: Lucy B. Battle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Feby. 4, 1876

8. AGE: Years 64 | Months 5 | Days 19 | If less than one day ____ hrs. ____ min.

9. Birthplace: Hagerstown- Wash. Md. (Town, county, and state)

10. Usual occupation: Steward

11. Industry or business: Amer. Legion Home

FATHER

12. Name: Michael Battle

13. Birthplace: ----- Ireland

MOTHER

14. Maiden name: Mary Barrett

15. Birthplace: ------ Ireland

16. Informant: Mayme Battle

Address: 57 W. Franklin St.- Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26, 1940 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. July 25, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940- 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1940, to July 23 1940, and that I last saw him alive on July 23 1940.

Immediate cause of death: Cerebral hemorrhage — DURATION: 8 days

Due to: Arteriosclerosis — 5 yrs

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy: Cerebral hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE: P. F. Wrather M. D.

Address: Hagerstown Md. Date signed July 25 40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (55-B)

CERTIFICATE OF DEATH

07939

Reg. Dist. No. 300

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington County

City or town Sharpsburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Sharpsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Irene May Beeler

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife George Beeler

6(c) If alive, give age 74 years

7. Birth date of deceased (mo., day, yr.) Dec 10 1875

8. AGE: Years	Months	Days	If less than one day
65	7	7	hrs. min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name John Yotes

13. Birthplace Va.

MOTHER 14. Maiden name Unknown

15. Birthplace Virginia

16. Informant George Beeler

Address Sharpsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20 1940 (month) (day) (year)

Cemetery or crematory Sharpsburg Cemetery

Location Sharpsburg Md

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. 7/20 1940 (Date rec'd by registrar) Carl Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 6 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1940, to July 17 1940, and that I last saw h- alive on July 17 1940.

Immediate cause of death Sarcoma of Pelvis (Sarcoma of Pelvis) — DURATION 1 yr.

Due to This sarcoma was primary in pelvis

Due to Lone the ileum fr. pubis. Duration 2½ years. Cwb S.R.

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Shuey M.D.

M. D. or other

Address Sharpsburg Md Date signed 7/20/40

RECEIVED
AUG 8 1940
BUREAU V S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

170-c

07940

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Boonsboro, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Pennsylvania County Cambria ✓

City or town Fallen Timber R.7 Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME (Baby) Dwight Richard Beers

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August 7 - 1937

8. AGE:

Years	Months	Days	If less than one day
2	11	15	____ hrs. ____ min.

9. Birthplace Fallen Timber - Cambria Co. Pa.
(Town, county, and state)

10. Usual occupation None

11. Industry or business at Home.

FATHER

12. Name Frank Howard Beers.

13. Birthplace Glenn Hope Penna.

MOTHER

14. Maiden name Hazel Christina Krise

15. Birthplace Fallen Timber Pa.

16. Informant John W. Beers.

Address Bellwood Penna.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 25 1940 (month) (day) (year)

Cemetery or crematory Beaver Valley Cemetary

Location Flinton Penna. R.F.D.

18. Funeral director (O.H.) Bast & Son

Address Boonsboro Md.

19 July 22 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION A.M.

20. DATE OF DEATH July 22 1940, at 5:45 m

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw him alive on ____ 19____.

Immediate cause of death	DURATION
Fractured skull punctured	7/22/40
Due to wound (R) mastoid region	
Due to Shock	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 7/22/40

Where did injury occur? Boonsboro (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Route 40

Means of injury auto collision Injured at work? no

DEPUTY MEDICAL EXAMINER WASH. CO., MD.

23. SIGNATURE. H. Robert Wells M. D. or other

Address Hagerstown, Md. Date signed 7/22/40

RECEIVED
AUG 5 1940
U. S. BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-e)

CERTIFICATE OF DEATH

07941

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Boonsboro Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County Cambria
City or town Fallen Timber R.F.D. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME Mr. Frank Howard Beers

3. (b) Social Security Number 209-07-3700

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Hazel C. Beers.
6(c) If alive, give age 23 years

7. Birth date of deceased (mo., day, yr.) October 10 - 1917

8. AGE: Years 23 Months 8 Days 12 If less than one day hrs. min.

9. Birthplace Ellen Twp. Clearfield Co. Pa.
(City or town) (County) (State)

10. Usual occupation Coal Miner

11. Industry or business Coal Mine

FATHER 12. Name John W. Beers.
13. Birthplace Pennsylvania

MOTHER 14. Maiden name Ruth Pusey
15. Birthplace Pennsylvania

16. Informant John W. Beers
Address Bellwood Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July-25-1940 (month) (day) (year)
Cemetery or crematory Beaver Valley Cemetery.
Location Flinton Penna. R.F.D.

18. Funeral director W.H. T. Bast & Son
Address Boonsboro Md.

19. July 22. 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION A

20. DATE OF DEATH July 22 1940, at 5.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19 , to 19 , and that I last saw him alive on 19

Immediate cause of death	DURATION
Fractured skull	7/22/40
Due to Fractured Femurs(R&L) open	
Due to Deep laceration left parietal area (L)	
Other conditions Hemorrhage and shock	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ---
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7/22/40
Where did injury occur? Boonsboro (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route #40
Means of injury Auto collision Injured at work? No

23. SIGNATURE S. Robert Mell DEPUTY MEDICAL EXA... WASH. CO., MD.
M. D. or other
Address Hagerstown, Md. Date signed 7/22/40

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (170-C)

CERTIFICATE OF DEATH

07942

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town Boonsboro
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Boonsboro Md.
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Pennsylvania County Cambria
City or town Fallen Timber R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR none.

3. (a) FULL NAME: Mrs. Hazel Christina Beers

3. (b) Social Security Number: None.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Frank Howard Beers.
6(c) If alive, give age 22 years

7. Birth date of deceased (mo., day, yr.): Febru-10-1917

8. AGE:

Years	Months	Days	If less than one day
23	5	12	hrs. min.

9. Birthplace Fallen Timber Cambria Co. Pa. (Town, county, and state)
10. Usual occupation House wife.
11. Industry or business own Home.
FATHER 12. Name John C. Krise
13. Birthplace Pennsylvania
MOTHER 14. Maiden name Stella Catherine Hartley
15. Birthplace Pennsylvania
16. Informant John C. Krise
Address Fallen Timber Penna.
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 25 1940 (month) (day) (year)
Cemetery or crematory Beaver Valley Cemetary
Location Flinton Penna. R.F.D.
18. Funeral director W.H. Bast & Son
Address Boonsboro Md.
19. July 22 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

A

20. DATE OF DEATH July 22 1940, at 5:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ------ 19---, to ---19---, and that I last saw her alive on ---19---.

Immediate cause of death	DURATION
Fractured (L) femur	7/22/40
Due to with punctured wound into hip joint	
Due to Fractured (R) tibia & fibula	
Other conditions Fractured skull with punctured	

(Include pregnancy within 3 months of death)

Major findings: wound thru rt. orbit and base rt. nostril
Of operations
Of autopsy None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide accident Date of 7/22/40
Where did injury occur? Boonsboro (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Route 40
Means of injury auto collision Injured at work? no

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXAM'R WASH. CO., MD. M. D. or other
Address Hagerstown, Md. Date signed 7/22/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1648)

07943

CERTIFICATE OF DEATH

Reg. Dist. No. 803

1. PLACE OF DEATH:
County Washington
City or town Clearspring (If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Main Street
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 61 years.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State Maryland County Washington
City or town Clearspring (If outside city or town limits, write RURAL NEAR and give town) Ward No.
Street No. Main Street (If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Margaret Louise Brannon

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) December 6, 1878

8. AGE:

Years	Months	Days	If less than one day
61	7	8	hrs. min.

9. Birthplace Clearspring- Washington-Md. (Town, county, and state)
10. Usual occupation Home Duties
11. Industry or business

FATHER
12. Name James Brannon
13. Birthplace Baltimore, Md.

MOTHER
14. Maiden name Matilda Bowman
15. Birthplace Washington County, Md.

16. Informant Charles Brannon
Address Clearspring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 15, 1940 (month) (day) (year)
Cemetery or crematory St. Paul's Cemetery
Location Clearspring, Md. R F D

18. Funeral director Snyder-Rowland Funeral Home
Address Clearspring, Md.

19. July 16 1940 (Date rec'd by registrar) J. W. Murray Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940 19 , at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw her alive on 19 .

Immediate cause of death	DURATION
Suffocation by drowning	7/10/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suidide Date of 7/10/40
Where did injury occur? Clear Spring (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) home
Means of injury drowning Injured at work? no

23. SIGNATURE J. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other
Address Hagerstown, Md. Date signed 7/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77-C)

CERTIFICATE OF DEATH

07944

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? [redacted]

Hospital, Institution, or street address where death occurred: 823 Lanvale St.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 823 Lanvale St

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Benj. Jacob Bussard

3.(b) Social Security Number 219-05-2738

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6.(b) Name of husband or wife Anna

6.(c) If alive, give age 42 years

7. Birth date of deceased (mo., day, yr.) Sept 10 - 1879.

8. AGE: Years	Months	Days	If less than one day
60	10	4.	..... hrs. ..... min.

9. Birthplace Sharpsburg Washo Co Md.
(Town, county, and state)

10. Usual occupation Butcher

11. Industry or business Carl's Grocery Store.

FATHER 12. Name Eli Bussard

13. Birthplace Sharpsburg Md.

MOTHER 14. Maiden name Emma Crampton

15. Birthplace Sharpsburg Md.

16. Informant Mrs Anna Bussard

Address Hagerstown. Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27-1940 (month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown Md.

18. Funeral director Andrew W Coffman

Address Hagerstown. Md.

19. July 27 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940 at 3 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 24 1940, to July 24 1940 and that I last saw him alive on about 4 months ago 19.....

Immediate cause of death Myocardial failure in acute alcoholism — DURATION Found Dead

Due to.....

Due to.....

Other conditions .....

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.....

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE J. F. Lusby M. D. or other

Address 170 W Wash St Date signed 7/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

(M)

(T)

J. Lusby.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-A)

CERTIFICATE OF DEATH

07945

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town (WITHIN CORPORATE LIMITS OF) Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 332 S. Locust Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 3

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 332 S. Locust Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Thomas Franklin Bussard

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Rosetta Bussard

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 13, 1872

8. AGE: Years	Months	Days	If less than one day
68	1	0	hrs. min.

9. Birthplace Unknown---- W. Virginia (Town, county, and state)

10. Usual occupation Employee of City of

11. Industry or business Hagerstown, Md. Street-Dept.

FATHER 12. Name Albert Bussard

13. Birthplace ------- W. Virginia

MOTHER 14. Maiden name Anna Piper

15. Birthplace ---------- W. Virginia

16. Informant Mrs. Rosetta Bussard

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown Md.

19 July 17, 1940 Chas. H. Bowers

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13, 1940- 10:30 A. M. or P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 13 1940, to July 13 1940, and that I last saw h is on July 13 1940

Immediate cause of death	DURATION
Acute Heart failure	
Due to Myocarditis, chronic	
Due to Was dead on arrival	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter Chapman M.D. M. D. or other

Address Hagerstown, Md Date signed 7/17/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13/a)

CERTIFICATE OF DEATH

07946

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS OF)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 120 S. Foundry Street

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 30 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown, (WITHIN CORPORATE LIMITS OF) Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 120 S. Foundry St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Ida M. Carnes

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widow

B (b) Name of husband or wife: John E. Carnes

6(c) If alive, give age: 75 years

7. Birth date of deceased (mo., day, yr.): October 20, 1858

8. AGE: Years: 81 Months: 8 Days: 29 If less than one day: hrs. min.

9. Birthplace: Frederick County, Md. (Town, county, and state)

10. Usual occupation: Home Duties

11. Industry or business:

FATHER 12. Name: Joseph Messner

13. Birthplace: Frederick, Co., Md.

MOTHER 14. Maiden name: Elizabeth Domer

15. Birthplace: Frederick Co., Md.

16. Informant: Mrs. May V. Benner

Address: Hagerstown, Md. R D 2

17. Burial (Burial, cremation, or removal. Which?) Date thereof July (month) 22 (day) 1940 (year)

Cemetery or crematory: U. B. Cemetery

Location: Thurmont, Md.

18. Funeral director: Fred W. Kraiss

Address: Hagerstown, Md.

19. July 20 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19, 1940 8:00 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 14, 1940, to July 19, 1940, and that I last saw her alive on July 19, 1940

	DURATION
Immediate cause of death: Congestive Heart Failure	3 Mos
Due to	
Due to	
Other conditions: Cardio Renal Disease (Include pregnancy within 3 months of death)	3 Yrs.

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Hagerstown, Maryland Date signed: 7/20/40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07947

(61)

1. PLACE OF DEATH

County Washington Registration Dist. No. 305

Village or City Boonsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 19 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Lewis Edward Cline If U. S. Veteran, specify WAR None.

(a) Residence: No. Boonsboro Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Mary Springer Cline.

6. DATE OF BIRTH (month, day, and year): January 18 - 1868

7. AGE: Years 71 Months 6 Days 10 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Retired

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Myersville Fred. Co. Md.

FATHER

13. NAME: Hezekiah Cline

14. BIRTHPLACE (city or town) (State or country): Myersville Fred. Co. Md.

MOTHER

15. MAIDEN NAME: Barbara Marker

16. BIRTHPLACE (city or town) (State or country): Myersville Fred. Co. Md.

17. INFORMANT (Address): Mrs. Edgar Green Boonsboro Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Burial. Date: July 30, 1940

19. UNDERTAKER (Address): Wm F. Bast & Son Boonsboro Md.

20. FILED July 30, 1940 William F. Bast Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 28 (Day), 1940 (Year)

22. I HEREBY CERTIFY That I attended deceased from July 27, 1940, to July 28, 1940

I last saw h. 1M alive on July 27, 1940; death is said to have occurred on the date stated above, at 11:45A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:

	Date of onset
Chronic Myocarditis with Auricular Fibrillation. [redacted]	?
Diabetes Mellitus	5 yrs.

Other Contributory Causes of importance:

Name of operation: None Date of: None

What test confirmed diagnosis? Clinical that Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) W. B. Draper M. D.

(Address) Boonsboro Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—**private family**, cook—**hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner**, **weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store**, **soap factory**, **cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer**, **mechanical engineer**, **mining engineer**, **stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter**, **painter**, **machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 8 1928
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (16) ✓

CERTIFICATE OF DEATH

07948

Reg. Dist. No. 304.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County WASHINGTON CO.
City or town ROUTE 40 - NEAR HANCOCK
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State MARYLAND County WASHINGTON
City or town Rt. 40 - HANCOCK Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR — No.

3. (a) FULL NAME WILSON CLINGERMAN

3. (b) Social Security Number No

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
MALE	WHITE	WIDOWER

6 (b) Name of husband or wife PAULINE SMITH
DECEASED 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) SEPT. 27, 1864

8. AGE:

Years	Months	Days	If less than one day
75	11	6	hrs. min.

9. Birthplace BEDFORD CO., PENNA
(Town, county, and state)

10. Usual occupation FARMER

11. Industry or business

FATHER
12. Name PETER CLINGERMAN.
13. Birthplace BEDFORD Co PA.

MOTHER
14. Maiden name JULIA ANN SMITH.
15. Birthplace BEDFORD Co PA.

16. Informant J.R. CLINGERMAN (SON)
Address MASONTOWN, W. VA.

17. BURIAL Date thereof 7/29 40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory FAIRVIEW CEMETERY
Location BEDFORD CO., PENNA

18. Funeral director EPHRIAM SMITH
Address ARTEMAS, PENNA

19. 7/27 1940 J P Jenkins
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940, at 9a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 27 1940, and that I last saw him alive on July 26 1940.

	DURATION
Immediate cause of death Carcinoma of Prostate	Indefinite
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H E Fahler MD
M. D. or other
Address Hancock, Md Date signed 7/27/40

RECEIVED
AUG 8 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07949

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 yr
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 53 Harman's Alley (If rural, give LOCATION)
2.(a) If veteran, name war Spanish American War.

3.(a) FULL NAME John E Conner. Private Co. F 47th U.S. Infantry.

3.(b) Social Security Number 213-16-1683 (Rev.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male.	White.	Single.

6.(b) Name of husband or wife none
6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 12-1877

8. AGE: Years 62 | Months 11 | Days 27 | If less than one day ____ hrs. ____ min.

9. Birthplace Everett Bedford Co Pa. (Town, county, and state)

10. Usual occupation Laborer.

11. Industry or business

FATHER
12. Name Benj. F. Conner
13. Birthplace Everett Pa.

MOTHER
14. Maiden name Elizabeth Rockwell.
15. Birthplace Georgetown. W-Va.

16. Informant Mrs. M. M. Orndorff.
Address Caretown. Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 11-1940 (month) (day) (year)
Cemetery or crematory Antietam Nat'l Cemetery
Location Sharpsburg Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown. Md.

19. July 11, 1940 (Date rec'd by registrar) Chas. H. Boevers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__
and that I last saw him alive on ____ 19__

Immediate cause of death	DURATION
Chr. Myocarditis	1937
Due to Bronchial asthma	1936
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
No
Major findings of operations ____ Date of op. ____
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE J. Parker Mills DEPUTY MEDICAL EXAM. WASH. CO., MD.
Address Hagerstown, Md. M. D. Number
Date signed 7/10/40

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

07950

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 yr

Hospital, Institution, or street address where death occurred: Washington Co Hospital

How long in hospital or institution? 4 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or ~~town~~ Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 869 Mulberry ave
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Ruth Cramer

3.(b) Social Security Number none

4. Sex: Female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Widow

6.(b) Name of husband ~~or wife~~ John Cramer

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 22 - 1853

8. AGE: Years 87 | Months 0 | Days 4 | If less than one day ..... hrs. ..... min.

9. Birthplace not known, Kentucky
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name not known
13. Birthplace " "

MOTHER
14. Maiden name not known
15. Birthplace " "

16. Informant H. C. Neikirk
Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Rose Hill

Location Hagerstown, Md.

18. Funeral director E. M. Suter & Sons
Address Hagerstown, Md.

19. July 28 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26-40 19..., at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1-40 19..., to July 26 1940 and that I last saw her alive on July 26-40 19...

Immediate cause of death	DURATION
Senility	
Due to Arterio-sclerosis	
Due to E Pulmonary congestion	4 days
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 7/28/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164-C)

CERTIFICATE OF DEATH

07951

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 20 yrs.
Hospital, institution, or street address where death occurred:
Washington Co.
How long in hospital or institution? dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 352 S. Potomac
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William G. Davidson

3.(b) Social Security Number: 214-14-6203

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Single

6.(b) Name of husband or wife: —

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb. 22 - 1920

8. AGE: Years	Months	Days	If less than one day
20	5	9	..... hrs. ..... min.

9. Birthplace: Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation:

11. Industry or business: Hagerstown Rubber Co

FATHER
12. Name: W. H. Davidson
13. Birthplace: Mercersburg, Pa

MOTHER
14. Maiden name: Betty Moats
15. Birthplace: Tilghmanton, Md

16. Informant: Mrs. Betty Davidson
Address: Hagerstown, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof: Aug 2 - 1940 (month) (day) (year)
Cemetery or crematory: Rose Hill
Location: Hagerstown, Md

18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. (Date rec'd by registrar) Aug 2, 1940 Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 31, 1940, at 5:00 P M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Penetrating bullet wound in precordial area.	7/31/40
Hemorrhage and shock.	
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations: none
Date of op.:
Autopsy results: none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Suicide Date of: 7/31/40
Where did injury occur? Near Williamsport Wash. Md.
Near Kemp's Mill, (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Williamsport, Md.
Means of injury: Gunshot Wound Injured at work? No

23. SIGNATURE: W. Robert Wells DEPUTY MEDICAL EXAM, WASH. CO., MD.
M. D. or
Address: Hagerstown, Md. Date signed: 8/1/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
SEP 6 1940
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07952

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County Washington

City or town Rural Mt Cascade
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 50 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Washington

City or town Rural Mt Cascade Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Henry Winter Davis.

3. (b) Social Security Number 173-03-0641

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Alice Sturdevant

6 (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) July 29-1880

8. AGE: Years 59 Months 11 Days 9 If less than one day ___ hrs. ___ min.

9. Birthplace Lantz Md
(Town, county, and state)

10. Usual occupation Machinist

11. Industry or business

FATHER
12. Name Cyrus M. Davis
13. Birthplace Lantz Md

MOTHER
14. Maiden name Sarah E. Ambrose
15. Birthplace Deerfield Md

16. Informant John W. Davis
Address Cascade Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof July 11/40
(month) (day) (year)

Cemetery or crematory Cemetery

Location Bethel Mt Highfield

18. Funeral director M. L. Creagh Son
Address Thurmont Md

19. July 10 1940
(Date rec'd by registrar)
Geo. W. Ferguson
Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/2/40 19__, to 7/8/40 19__, and that I last saw him alive on 7/8/40 19__.

Immediate cause of death Coronary Occlusion

Due to

Due to

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations —
—
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE C W Sudeman MD.
M. D. or other
Address Waynesboro Pa. Date signed 7/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

07953

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 months

Hospital, Institution, or street address where death occurred: Washington County Home

How long in hospital or institution? 2 mon 6 days

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Jefferson Davis

3.(b) Social Security Number None

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Unknown

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): March 1 1866

8. AGE: Years 74 | Months 4 | Days 20 | If less than one day ..... hrs. ..... min.

9. Birthplace: Adams Co. Pa (Town, county, and state)

10. Usual occupation: none

11. Industry or business

FATHER: 12. Name Unknown

13. Birthplace

MOTHER: 14. Maiden name

15. Birthplace

16. Informant Harry H Hutson

Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22 1940 (month) (day) (year)

Cemetery or crematory Wash. County Home

Location Hagerstown Md

18. Funeral director Scott F Minnich & Son

Address Hagerstown Md.

19. July 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 21 1940 at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940 to July 21 1940 and that I last saw him alive on July 21 1940

Immediate cause of death: Cerebral Arterio Sclerosis — DURATION 1 yr.

Due to

Due to

Other conditions None (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ..... Injured at work?

23. SIGNATURE J H Beadley M.D. (M. D. or other)

Address Hagerstown, Md. Date signed 7/21/40

VS A15 (T) MARGIN RESERVED FOR BINDING (M)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

(M)

(T)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (15)

07954

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 434 N. Jonathan

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 34 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 434 N. Jonathan
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Nellie May Norris Dixson

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Henry Dixson

6(c) If alive, give age: 42 years

7. Birth date of deceased (mo., day, yr.): Sept 2 1905

8. AGE: Years: 34 Months: 10 Days: 2 If less than one day: hrs. min.

9. Birthplace: Hagerstown
(Town, county, and state)

10. Usual occupation: House wife

11. Industry or business: at home

FATHER
12. Name: George Norris
13. Birthplace: Martinsburg W. Va.

MOTHER
14. Maiden name: Amanda Stewart
15. Birthplace: Wash. County Md

16. Informant: Amanda Stewart

Address: 434 N Jonathan St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-8-40 (month) (day) (year)

Cemetery or crematory: Rosehill Cemetery

Location: Hagerstown Md

18. Funeral director: John M Caldwell

Address: Hagerstown

19. July 6 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 4 1940, at 4:45 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 15 1940, to July 4 1940, and that I last saw her alive on July 1, 1940.

Immediate cause of death: Tuberculous Peritonitis — DURATION: 6 wks.

Due to:

Due to:

Other conditions:

(Include pregnancy within 8 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: 148 W. Wash St. Hagerstown Md Date signed: 7/5/40

RECEIVED
JUL 12 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-2)

07955

CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 125 Winter Street

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 25 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 1

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 Winter Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John William Drury

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary Ellen Drury

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb. 1861

8. AGE:

Years	Months	Days	If less than one day
79	5	-	hrs. min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name William Drury

13. Birthplace Franklin Co., Pa.

MOTHER 14. Maiden name Anna Hawbaker

15. Birthplace Franklin Co., Pa.

18. Informant Mrs. Anna G. Goetz,

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11, 1940 (month) (day) (year)

Cemetery or crematory East Haven Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19 July 11 1940 (Date rec'd by registrar) Ethel H. Bowers, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8, 1940 - 7:40 P. M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-1- 1940, to 7-8- 1940, and that I last saw alive on 7-8-40 19

Immediate cause of death	DURATION
Senility	
Due to Chr. Myocarditis	5 yrs
Due to Cortical sclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. W. Dutton M. D. or other

Address Hagerstown, Md. Date signed 7/8/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (95-C)

07956

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 yrs.

Hospital, institution, or street address where death occurred: Wash. Co Hospital

How long in hospital or institution? 1 day.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown —
(If outside city or town limits, write RURAL and give nearest town)

Street No. 148 East Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war: none

3. (a) FULL NAME: Albert Eiseman.

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

6.(b) Name of husband or wife:

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 5 - 1854

8. AGE: Years: 86 Months: 1 Days: 26 If less than one day ..... hrs. ..... min.

9. Birthplace: Barnesville Belmont Co Ohio
(Town, county, and state)

10. Usual occupation: Race Track operator.

11. Industry or business: —

FATHER
12. Name: no Record
13. Birthplace: no Record

MOTHER
14. Maiden name: no Record
15. Birthplace: no Record.

16. Informant: Alice E Edmonds.
Address: Hagerstown. Md

17. Burial. Date thereof: July 3-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown

18. Funeral director: Andrew K Coffman
Address: Hagerstown. Md

19. July 3, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 1 1940, at ..... M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/29 - 1940, to 6/30 1940 and that I last saw him alive on 6/30 19..

Immediate cause of death: 2 arterio - sclerosis; 3. Cardiac Hypertrophy

Due to: 1 Cerebral Hemorrhage

Due to: —

Other conditions: —
(include pregnancy within 3 months of death)

DURATION: 3 - ; 2 days.

Major findings of operations: 0 -

Date of op.

Autopsy results: as above.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: ✓ Date of

Where did injury occur? — (City or town) — (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Victor D Miller M. D. ~~or other~~

Address: DR. VICTOR D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD. Date signed 7/1-1940

Dr Victor Miller

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (184-a)

CERTIFICATE OF DEATH

07957

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15-1

1. PLACE OF DEATH:
County: Washington
City or ~~town~~: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
Washington Co. Hospital
How long in hospital or institution? 2 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Big Spring Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Lydia J. Ensminger

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband ~~or wife~~: John Ensminger
6.(c) If alive, give age: ——— years

7. Birth date of deceased (mo., day, yr.): Sept. 27 - 1873

8. AGE: Years	Months	Days	If less than one day
66	10	20	...hrs. ...min.

9. Birthplace: Hagerstown, Washington Co. Md.
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business

FATHER
12. Name: Daniel Finfrock
13. Birthplace: Fairplay, Md

MOTHER
14. Maiden name: Susan Buck
15. Birthplace: Fairplay, Md.

16. Informant: Mrs. A. R. Starkey
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 20-1940 (month) (day) (year)
Cemetery or ~~crematory~~: Rest Haven
Location: Hagerstown, Md.
18. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md.

19. July 19, 1940 (Date rec'd by registrar) Chas. H. Boocks Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 17 1940 at 7:30 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1935 to July 17 1940
and that I last saw h... alive on July 17 1940

Immediate cause of death	DURATION
Myocardial failure	7/15/40
arteriosclerosis	
Fracture Left Femur	7/4/40
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of:
Where did injury occur? Big Spring (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?): Home Fell on floor
Means of injury: Fell on floor Injured at work? No.

23. SIGNATURE: H. L. Porterfield M. D.
M. D. or other
Address: 136 W Washington St Date signed: 7/19/40

RECEIVED
AUG 8 1940
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (41)

CERTIFICATE OF DEATH

07958

Reg. Diat. No. 302

1. PLACE OF DEATH:

County Wash. Hagerstown

City or town Washington Co Hospital

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Days

Hospital, Institution, or street address where death occurred:

5 Days in Hospital

How long in hospital or ~~institution~~? 5 Days in Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Wash.

City or town Smithsburg Washington Co. Md.

(If outside city or town limits, write RURAL and give nearest town)

Street No. —

(If rural, give LOCATION)

2.(a) If veteran, name war none

3.(a) FULL NAME Lucie Bell Fishack

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6.(b) Name of husband ~~or wife~~ Charles G. Fishack.

6.(c) If alive, give age 70 years

7. Birth date of deceased (mo., day, yr.) 2-5-1870

8. AGE: Years	Months	Days	If less than one day
70	6	24	hrs. — min.

9. Birthplace Near Chewsville Md (Town, county, and state)

10. Usual occupation Home Wife

11. Industry or business none

FATHER 12. Name David Dayhoff.

13. Birthplace Cavetown Md

MOTHER 14. Maiden name Barbara E. Bachtell

15. Birthplace Cavetown Md

16. Informant Charles G. Fishack

Address Smithsburg Md

17. Burial, cremation, or removal. Which?) Smithsburg Cemetery Date thereof July 6 1940 (month) (day) (year)

Cemetery or Crematory Smithsburg Cemetery

Location Smithsburg Md

18. Funeral director Geo. B Hoover

Address Smithsburg Md

19. July 5 1940 (Date rec'd by registrar) Chas H Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 1:26 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939, to July 3, 1940

and that I last saw h[illegible] alive on July 3 1940

Immediate cause of death	DURATION
Suppurative pyelonephritis	
Due to	
Due to	
Other conditions: Diabetes mellitus; Generalized arteriosclerosis; Cerebral thrombosis	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M D

M. D. or other

Address Smithsburg, Maryland Date signed 7-3-40

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 8 1940
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (97)

07959

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:
County: Washington
City or town: Near Weverton Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 4 weeks.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Frederick
City or town: Brunswick Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: Brunswick St.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Earnest Franklin Fletcher

3. (b) Social Security Number: None

4. Sex: Male
5. Color or race: White
6. (a) Single, married, widowed, or divorced: Married
6 (b) Name of husband or wife: ~~Mrs~~ R. F. Shoemaker
6(c) If alive, give age: 64 yrs years
7. Birth date of deceased (mo., day, yr.): Sept 5 1868

8. AGE: Years: 71 Months: 10 Days: 24 If less than one day: ___ hrs. ___ min.

9. Birthplace: Virginia. (Town, county, and state)
10. Usual occupation: B & O R.R. Retired.
11. Industry or business: Shopcraft.
FATHER
12. Name: John Fletcher
13. Birthplace: Virginia
MOTHER
14. Maiden name: ~~Wrinkman~~ Betty Davis
15. Birthplace: ~~Wrinkman~~ Virginia
16. Informant: Mrs Bulah Sanger
Address: Weverton Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 31, 1940 ~~Aug 1st 1940~~ (month) (day) (year)
Cemetery or crematory:
Location: Hamilton Virginia
18. Funeral director: C. H. Feete & Bro
Address: Brunswick Md.
19. July 30 1940 (Date rec'd by registrar) Cornelius W. Castle Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 29 1940, at 11 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 19 1940 to July 30 1940, and that I last saw him alive on July 22 1940.

Immediate cause of death: Atherosclerosis
Due to: General
Due to: —
Other conditions: —
(Include pregnancy within 3 months of death)
Major findings:
Of operations: —
Of autopsy: —

DURATION: ?

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: — Date of: —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?): —
Means of injury: — Injured at work? —

23. SIGNATURE: [signature] M. D. or other
Address: Brunswick Md. Date signed: 7/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

07960

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington.
City or town Near Boonsboro.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Lives.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? home.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington.
City or town White House Camp near
(If outside city or town limits, write RURAL and give nearest town)
Street No. Boonsboro.
(If rural, give LOCATION)
2.(a) If veteran, name war. none

3.(a) FULL NAME Henry Evans Flook.

3.(b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married

6.(b) Name of husband or wife May A.
6.(c) If alive, give age 70 years
7. Birth date of deceased (mo., day, yr.) Nov. 11 - 1868

8. AGE: Years	Months	Days	If less than one day
71	7	26	....hrs. ....min.

9. Birthplace Myersville Fred Co Md.
(Town, county, and state)
10. Usual occupation Potomac Edison.
11. Industry or business Freight Agt. Retired
12. FATHER Name Lewis E Flook.
13. FATHER Birthplace Middletown Md.
14. MOTHER Maiden name Margaret Wennaufelty
15. MOTHER Birthplace Wolfsville. Md.
16. Informant Mrs May King Flook.
Address Boonsboro Md R # 1.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 10-1940 (month) (day) (year)
Cemetery or crematory Mt Olivet Cemetery
Location Frederick Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown Md.
19. July 7. 1940 (Date rec'd by registrar) William J. Burk Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 7 1940, at 2-45 p.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 29 1940 to July 7 1940
and that I last saw h.im alive on on July 7 1940

Immediate cause of death	DURATION
Chronic Myocarditis	1935
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations ....Date of op. ....
Autopsy results ....
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide .... Date of ....
Where did injury occur? .... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ....
Means of injury .... Injured at work?

23. SIGNATURE G. W. LeVan M.D.
M. D. or other
Address Boonsboro, Md. Date signed July 7/1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Le Van.

RECEIVED
AUG 5 1940
BUREAU V. S.

Kohler

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14a)

CERTIFICATE OF DEATH

07961

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Smithsburg Md
(If outside city or town limits, write RURAL, NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Washington
City or town Smithsburg Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Martha L. Forrest

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Hanson Forrest
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 15 1875

8. AGE: Years 65 Months — Days 14 If less than one day hrs. min.

9. Birthplace Westminster Md
(Town, county, and state)

10. Usual occupation House Work

11. Industry or business

FATHER 12. Name John Little
13. Birthplace Md

MOTHER 14. Maiden name Catherine E Mobley
15. Birthplace Md

18. Informant Miss Madeline Forrest
Address Smithsburg Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Aug. 1-1940 (month) (day) (year)
Cemetery or crematory Smithsburg Cemetery
Location Smithsburg Md

18. Funeral director Walter G Grove
Address Waynesboro Pa

19. Aug 1 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940 at 4:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 29 1940, and that I last saw her alive on July 27 1940

	DURATION
Immediate cause of death Coronary Thrombosis	1 hr
Due to Arterio Sclerosis	3 yrs
Due to Chronic myocarditis + Hypertension	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE G. C. Yokum M. D. or other
Address Smithsburg Date signed 7/30/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-d)

07962

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 41 years
Hospital, Institution, or street address where death occurred:
Washington County Home
How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 16 N. Potomac St
(If rural, give LOCATION)
2.(a) If veteran, name war Civil War

3. (a) FULL NAME Josiah Gladden

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6.(b) Name of husband or wife Manda Gladden
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Aug 15 1840

8. AGE:

Years	Months	Days	If less than one day
99	11	00	..... hrs. ..... min.

9. Birthplace Near Zora Pa
(Town, County, and state)
10. Usual occupation None
11. Industry or business

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden name
15. Birthplace

16. Informant Harry H Hutton
Address Hagerstown Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 17, 1940 (month) (day) (year)
Cemetery or crematory Rose Hill
Location Hagerstown Md

18. Funeral director Scott & Minnick Son
Address Hagerstown Md

19. July 16. 1940 (Date rec'd by registrar) Chas H Boward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 15 1940 at 10:30 A.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 10 1940 to July 15 1940 and that I last saw h... alive on July 15 1940

Immediate cause of death Myocarditis (Chronic) — DURATION 6 days

Due to .....

Due to .....

Other conditions Chronic Arteriosclerosis 5yrs
(Include pregnancy within 3 months of death)

Major findings of operations .....
Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury ..... Injured at work?

23. SIGNATURE J H Beachley M.D.
Address Hagerstown, Md. Date Signed July 17 1940

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07963

Reg. Dist. No. 301

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington County
City or town Williamsport, Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 4 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Williamsport, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. #14 Conococheague St
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. Charles Howard Goddard

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Ida Covell
6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct 1 1857

8. AGE: Years	Months	Days	If less than one day
83	9	8	____ hrs. ____ min.

9. Birthplace Williamsport Md
(Town, county, and state)
10. Usual occupation Retired R. R. Conductor
11. Industry or business
FATHER 12. Name John Goddard
13. Birthplace Washington D. C
MOTHER 14. Maiden name Catherine Wolf
15. Birthplace Md
16. Informant James Maddison
Address Williamsport Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11 1940 (month) (day) (year)
Cemetery or crematory Riverview Cemetery
Location Williamsport, Md
18. Funeral director Edith V Leaf
Address Williamsport, Md
19. July 11 1940 (Date rec'd by registrar) Mrs Elsie McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 9 1940, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1940, to July 9 1940 and that I last saw h alive on July 5 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage and Paraplegia	
Due to Arteriosclerosis	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Dr. D. Perlee M. D. or other
Address Williamsport Md Date signed

RECEIVED
AUG 3 1960
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (946)

Reg. Dist. No. 311

07964

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Rural- Eakles Cross Roads
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Rural- Eakles Cross Roads
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John William Grams

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Mabel V. Grams

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) March 5, 1883

8. AGE: Years 57 Months 3 Days 27 If less than one day hr. min.

9. Birthplace Burkittsvelle- Fred.-Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name William Grams
13. Birthplace Burkittsville-Fred- Md.

MOTHER
14. Maiden Name Lide McBride
15. Birthplace Burkittsville-Fred.-Md.

16 (a) Informant Mrs. John Grams
(b) Address Eakle's Cross Roads-Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 7--5-1940 (month) (day) (year)

(c) Cemetery or crematory Luthuran
Location Locust Grove Md.

18 (a) Funeral director R. I. Earnshaw
(b) Address Keedysville, Md.

19 (a) July 3, 1940 (Date rec'd by registrar) (b) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. Date of death July 2 1940, at 9 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 2 1940, to July 2 1940 and that I last saw him alive on July 2 1940.

Immediate cause of death Angina Pectoris.

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. W. Levan M.D.
M. D. or other

Address Boonsboro Date signed July 2, 1940

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ECEIVED
AUG 5 1940
U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

07965

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, Institution, or street address where death occurred:
129 E. Franklin
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 129 E. Franklin
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: George W. Grubb.

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Widower

6.(b) Name of husband or wife: Martha Grubb
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Oct 18 - 1847

8. AGE: Years	Months	Days	If less than one day
92	8	20	hrs. min.

9. Birthplace: Winchester Frederick Co. Va.
(Town, county, and state)
10. Usual occupation: Retired Merchant
11. Industry or business

FATHER
12. Name: George W. Grubb
13. Birthplace: Winchester, Va.

MOTHER
14. Maiden name: Elizabeth F. Stevens
15. Birthplace: Winchester, Va

16. Informant: Mrs. Elizabeth Casper
Address: Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 11, 1940 (month) (day) (year)
Cemetery or crematory: Mt. Hebron
Location: Winchester, Va.

18. Funeral director: E. M. Suter & Sons
Address: Hagerstown, Md

19. July 9, 1940 (Date rec'd by registrar) Ethel Boyer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 8 - 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 7 - 1940, to July 8 - 1940 and that I last saw h[illegible] alive on July 7 - 1940

Immediate cause of death	DURATION
Immediate cause of death: Terminally Bronchial Pulmonalis - (Terminal)	7
Due to: Lying in bed -	2 wks ?
Due to: Cerebral hemorrhage; duration: 6 hours. Hemoplegia -	2 wks ?
Other conditions: Physician only saw patient twice - in dying condition. Chronic Nephritis - Bronchitis - (not attended) (Include pregnancy within 3 months of death)	CHRONIC

Major findings of operation:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Howard Kriter M.D. M. D. or other
Address: Hagerstown Md Date signed 7-8-40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 6 1940
BUREAU V. S.

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13)

07966

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 432 North Jonathan St

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 50 years

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown Md Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 432 North Jonathan St. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: none

3. (a) FULL NAME: Nannie Hanion

3. (b) Social Security Number: none

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Edward Hanion

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): Feb 12 - 1874

8. AGE: Years: 66 Months: 4 Days: 20 If less than one day: hrs. min.

9. Birthplace: Berkley County W. Va (Town, county, and state)

10. Usual occupation: House Work

11. Industry or business: at Home

FATHER

12. Name: Chas Johnson

13. Birthplace: W Va.

MOTHER

14. Maiden name: Bertha Grantham

15. Birthplace: W Va

16. Informant: Edward Hanion

Address: 432 North Jonathan St

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 7-5-40 (month) (day) (year)

Cemetery or crematory: Rosehill Cemetery

Location: Hagerstown Md

18. Funeral director: John M Caldwell

Address: Hagerstown Md

19. July 3, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 9 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1, 1940, to July 2 1940, and that I last saw her alive on July 2 1940.

Immediate cause of death: Diabetes Mallitus Pul Monary Tuberculosis

Due to: ?

Due to: —

Other conditions: — ✓

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

DURATION: 6 months ?

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Victor D. Miller M. D. or other

DR. VICTOR D. MILLER

Address: 131 W. WASHINGTON, ST. HAGERSTOWN, MD. Date signed: 7/3 1940

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07967

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 das.
Hospital, institution, or street address where death occurred: Maryland Hotel
How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
State District of Columbia County ✓
City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Street No. 1725 Newton St N.W (If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Allen C. Hulligan

3.(b) Social Security Number 578-01-4326

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	white	Married.

6.(b) Name of husband or wife Agnes.
6.(c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) April 19-1876

8. AGE: Years 64 | Months 2 | Days 30 | If less than one day ... hrs. ... min.

9. Birthplace Cleveland Cuyahoga Co. Ohio (Town, county, and state)
10. Usual occupation Salesman
11. Industry or business Armour and Co.
FATHER 12. Name William H Hulligan
13. Birthplace Ireland
MOTHER 14. Maiden name Fannie E Lord
15. Birthplace Ireland
16. Informant Mr. Walter Rissler
Address Pittsburg. Pa.
17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 22-1940 (month) (day) (year)
Cemetery or crematory Fort Lincoln Cemetery
Location Bladensburg Md.
18. Funeral director Andrew K. Coffman
Address Hagerstown. Md
19. July 19 1940 Chas H Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 18 1940 at 3 A. M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19... to ... 19...
and that I last saw him alive on ... 19...

Immediate cause of death Chr. myocarditis — DURATION 1939
Hypertension Vascular — 1939
Due to Ventricular fibrillation — 7/18/40
Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations ... Date of op. ...
Autopsy results No
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide No Date of ...
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ...
Means of injury Injured at work?

23. SIGNATURE D. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
M. D. or Coroner
Address Hagerstown, Md. Date signed 7/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

Dr Wells

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (68)

CERTIFICATE OF DEATH

07968

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown R D 2 Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Fannie Kaetzel

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Charles E. Kaetzel

6(c) If alive, give age: 66 years

7. Birth date of deceased (mo., day, yr.): May 3 1884

8. AGE:

Years	Months	Days	If less than one day
56	I	29	hrs. min.

9. Birthplace: Fulton Co. Pa.
(Town, county, and state)

10. Usual occupation: Home Work

11. Industry or business

FATHER
12. Name: Hirum Harshberger
13. Birthplace: Franklin Co. Pa.

MOTHER
14. Maiden name: Laura Myers
15. Birthplace: Franklin Co. Pa.

16. Informant: Charles E. Kaetzel
Address: Clearspring, Md. R.F.D.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) July (day) 4 (year) 1940

Cemetery or crematory: Broadfording

Location: Near Clearspring, Md.

18. Funeral director: Snyder & Rowland

Address: Clearspring, Md.

19 July 4 1940 (Date rec'd by registrar) Chas H Boevers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 2 1940, at 1 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 9 1939, to July 2 1940, and that I last saw h[illegible] alive on July 1 1940.

Immediate cause of death	DURATION
Ventricular Fibrillation	10 min.
Due to Thyrotoxic heart	?
Due to Chronic passive congestion	3 weeks.
Due to Adenomma Thyroid	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: As above

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Chas. Robert Cohen M. D.

Address: Clearspring Date signed 7/2/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (170-C) Reg. Dist. No. 302

07969

CERTIFICATE OF DEATH

1. PLACE OF DEATH

(a) County Washington

(b) City or town Hagerstown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Wash. County Hospital.

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Washington

(c) City or town Cavetown. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Ardell Kelser.

3 (b) If veteran, name war no

3 (c) Social Security No. 215-05-7296

4. Sex Male

5. Color or race White.

6 (a) Single, married, widowed, or divorced. Single.

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Jan. 10. 1921.

8. AGE: Years 19 Months 5 Days 17 If less than one day hr. min.

9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)

10. Usual occupation Wood worker.

11. Industry or business Planning mill.

FATHER

12. Name Harry G. Kelser.

13. Birthplace Bellsville md.

MOTHER

14. Maiden Name Edna Warner.

15. Birthplace Mason Dixon Pa.

16 (a) Informant Mrs. Edna Kelser.

(b) Address ~~Smith~~ Cavetown md.

17 (a) Burial. (Burial, cremation, or removal) (b) Date thereof 7. 8. 1940 (month) (day) (year)

(c) Cemetery or crematory Cavetown Cemetery.

Location Cavetown md.

18 (a) Funeral director Richard M. Conrad.

(b) Address Frederick md.

19 (a) July 6-1940 (Date rec'd by registrar) (b) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. Date of death July 6 1940, at 1:40 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from --- 19 , to 19 , and that I last saw him alive on --- 19 .

Immediate cause of death	Duration
Fractured skull	7/6/40
Due to Fractured (R) tibia& Fibula	
Due to Fractured (R) wrist	
Other conditions Shock	
Punctured wound(L) hip	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence July 6 '40

(c) Where did injury occur? Hopewell Wash. Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Road Route #40 W While at work? No (Specify type of place)

(e) Means of injury Struck by automobile

23. Signature S. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address Hagerstown, md. Date signed 7/6/40

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (94a)

07970

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Funkstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 6 weeks
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Texas County
City or town El. Paso
(If outside city or town limits, write RURAL and give nearest town)
Street No. 3901 Montana St.
(If rural, give LOCATION)
2.(a) If veteran, name war none

3.(a) FULL NAME Samuel B. Kendall

3.(b) Social Security Number 700-07-9867

4. Sex: Male
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Widowed
6.(b) Name of husband or wife: Ollie I. Kendall
B.(c) If alive, give age ..... years
7. Birth date of deceased (mo., day, yr.): Dec 10 1866

8. AGE: Years 73 | Months 6 | Days 24 | If less than one day ..... hrs. ..... min.

9. Birthplace: Wash. County Md.
(Town, county, and state)
10. Usual occupation: Retired Blacksmith
11. Industry or business: Southern Pacific
FATHER
12. Name: George C. Kendall
13. Birthplace: Wash. County Md
MOTHER
14. Maiden name: Caroline Gouff
15. Birthplace: Wash. County Md.
16. Informant: Mrs. Cora Wakenight
Address: Funkstown Md.
17. Removal (Burial, cremation, or removal. Which?) Date thereof July 4, 1940 (month) (day) (year)
Cemetery or crematory
Location: El. Paso Texas
18. Funeral director: Scott F. Minnich & Son
Address: Hagerstown Md.
19. July 4, 1940 (Date rec'd by registrar) Chas H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 3 1940, at 9:15 A.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 3 1940 and that I last saw him alive on July 3 1940.
Immediate cause of death: Coronary occlusion — DURATION July 1 1940
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ..... Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ..... Injured at work?

23. SIGNATURE Sidney Novenstein M. D. or other
Address Funkstown Md Date signed July 3-1940

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07971

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A16

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown RFD #3
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: RFD #3

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 11 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown RFD #3 Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: RFD #3
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Ida May Kershner

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband or wife: Cyress Kershner

6(c) If alive, give age: 45 years

7. Birth date of deceased (mo., day, yr.): Nov 1 1896

8. AGE: Years	Months	Days	If less than one day
44	8	19	hrs. min.

9. Birthplace: Williamsport, Md
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business:

FATHER — 12. Name: John B Renner

13. Birthplace: Md.

MOTHER — 14. Maiden name: Annie Warenfeltz

15. Birthplace: Md

16. Informant: Cyress Kershner

Address: Hagerstown RFD #3

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 22 1940 (month) (day) (year)

Cemetery or crematory: Greenlawn Cemetery

Location: Williamsport Md

18. Funeral director: Edith V Leaf

Address: Williamsport, Md

19. July 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 19 1940, at 5.45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Oct 10 1939 to July 19 1940, and that I last saw h- alive on July 19 1940.

Immediate cause of death	DURATION
Carcinoma uterus	?
Metastasis abdominal	
Glands.	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. L. Porterfield M.D. M. D. or other

Address: 136 W. Washington St. Date signed 7/21/40

RECEIVED
AUG 8 1940
BUREAU V. S.

07972

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (WITHIN CORPORATE LIMITS)

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 220 North Jonathan St.

Stay in hospital or inst. (yrs., or mos., or days): 50 years

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County:

City or town: Hagerstown (WITHIN CORPORATE LIMITS) Ward No. 21-15

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 220 North Jonathan St

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Ruie B. Keyser

3. (b) Social Security Number: None

4. Sex: Female

5. Color or race: Col

6. (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Truman Keyser deceased

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.):

8. AGE: Years: about 61 | Months: | Days: | If less than one day: hrs. min.

9. Birthplace: Sheperdstown W. Va (Town, county, and state)

10. Usual occupation: House work

11. Industry or business: at Home

FATHER

12. Name: Jack Scripling

13. Birthplace: Va

MOTHER

14. Maiden name: Mary Stevenson

15. Birthplace: Md

16. Informant: John Keyson

Address: 220 N. Jonathan St

17. Burial (Burial, cremation, or removal Which?) Date thereof 7-29-40 (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md

18. Funeral director: John M. Caldwell

Address: Hagerstown Md

19. July 28, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 25 - 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1 1940, to July 25 1940 and that I last saw her alive on July 20 - 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	Few minutes
Due to Hypertension	?
Due to arterio-sclerosis	?
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Df operations: 0

Df autopsy: 0

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: 0 Date of: —

Where did injury occur? 0 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): 0

Means of injury: — Injured at work? —

23. SIGNATURE: Victor D. Miller M. D. or other

Address: DR. VICTOR D. MILLER, 131 W. WASHINGTON ST. HAGERSTOWN, MD. Date signed: July 27-1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93d)

CERTIFICATE OF DEATH

07973

Reg. Dist. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
2017 Virginia Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 8 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 2017 Virginia Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary Elizabeth Knode

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widow

6 (b) Name of husband or wife Bentz E. Knode

6 (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 13, 1858

8. AGE: Years	Months	Days	If less than one day
82	3	28	____ hrs. ____ min.

9. Birthplace Clearspring, Wash. Md.
(Town, county, and state)

10. Usual occupation Home Duties

11. Industry or business

FATHER
12. Name Abraham Shupp
13. Birthplace Wash. Co., Md.

MOTHER
14. Maiden name Anna Smith
15. Birthplace Wash. Co., Md.

16. Informant Frank Knode
Address Greencastle, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 14, 1940 (month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location Near Clearspring, Md. Route 40

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. July 14 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940 9:00 P. at M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 27 1940, to July 11 1940, and that I last saw her alive on July 11th 1940.

Immediate cause of death	DURATION
Cardiac Decompensation	2 wks.
Due to Arteriosclerotic Cardiovascular Disease	6 mos +
Due to Arteriosclerosis	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank F. Shupp, Md. M. D. or other

Address 109½ N. Potomac St. Hagerstown, Md. Date signed 7/12/40.

RECEIVED
AUG 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

CERTIFICATE OF DEATH

017974

Reg. Dist. No. 307

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County Washington

City or town Trego

(If outside city or town limits write RURAL NEAR and give town)

Street address, hospital, or institution:

Wash. Co. Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland. County Washington

City or town Trego Ward No.

(If outside city or town limits write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Jacob Howard Koons

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) January - 1 - 1864

8. AGE: Years 76 Months 6 Days 23 If less than one day hrs. min.

9. Birthplace State Line Penna

(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name Washington Koons

13. Birthplace Taneytown Md.

MOTHER 14. Maiden name Lydia Erring

15. Birthplace Taneytown Md

16. Informant Laurence Colbert

Address Trego Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27 1940 (month) (day) (year)

Cemetery or crematory Reformed Cemetary

Location State Line Penna.

18. Funeral director Wm J. Bast & Son

Address Boonsboro Md.

19. July 25 1940 (Date rec'd by registrar) Mrs Katherine Dagenhart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 24 1940, at 7:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 15 1940, to July 23 1940 and that I last saw h[illegible] alive on July 23, 1940

	DURATION
Immediate cause of death Chronic Diseases of the bladder and Kidneys	1 year.
Due to Cystotomy - 1st stage Prostatectomy - never completed	10 yrs ago.
Other conditions Chronic Myocarditis	1 yr

(Include pregnancy within 3 months of death)

Major findings: Enlarged prostate

Of operations

Of autopsy

PHYSICIAN

* Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Walter H. Speaks M.D. M. D. or other

Address Sharpsburg Md Date signed 7/25/40

RECEIVED
AUG 6 1940
BUREAU V. S.

M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07975

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 22

Hospital, institution, or street address where death occurred: 205 S. Potomac St

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 205 S. Potomac (If rural, give LOCATION)

2.(a) If veteran, name war None

3. (a) FULL NAME Edna C Kuhn

3. (b) Social Security Number 214-09-0652

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: Single

8.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 9 - 1905

8. AGE: Years 35 | Months 6 | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace Big Spring Wash Co. Md (Town, county, and state)

10. Usual occupation Clerk

11. Industry or business Fire Insurance adj Bronson

FATHER
12. Name Eduard A Kuhn
13. Birthplace Big Springs Md

MOTHER
14. Maiden name Catherine A. Cullen
15. Birthplace Williamsport Md

16. Informant Robt. L. Kuhn

Address Hagerstown, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 29 - 1940 (month) (day) (year)

Cemetery or crematory St. Paula Cemetery

Location St. Paula Church

18. Funeral director Scott F. Minnick & Son

Address Hagerstown Md

19. July 28, 1940 (Date rec'd by registrar) Chas H Rovers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 27 1940 at 1:15 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 12 1937, to 7-27 1940 and that I last saw her alive on 7-25 1940

Immediate cause of death Probably acute coronary occlusion. (Died within very few minutes according to history. Was dead when I arrived)

Due to

Due to

Other conditions Pulmonary tuberculosis (healed) (Include pregnancy within 3 months of death)

DURATION: Few minutes

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE John H Hornbaker M. D. or other

Address 158 W. Washington St Date signed 7-27-40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (83a) Reg. Dist. No. 20-3

CERTIFICATE OF DEATH

07976

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Washington

(b) City or town Big Pool, Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Washington

(c) City or town Big Pool Rura l
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: James Michael Mills

3 (b) If veteran, name war

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Mary E. Mills

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 31 1853

8. AGE: Years 86 | Months 8 | Days 19 | If less than one day ____hr. ____min.

9. Birthplace Washington Co.
(Town, county, and atate)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Otho Mills
13. Birthplace Washington Co.

MOTHER
14. Maiden Name Mary Bowman
15. Birthplace Washington Co.

16 (a) Informant Mrs. C.W. Gladhill
(b) Address Big Pool R.F.D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 21 1940 (month) (day) (year)
(c) Cemetery or crematory Park Head
Location Near Hancock, Md.

18 (a) Funeral director Snyder-Rowland
(b) Address Clearspring, Md.

19 (a) July 24 1940 (Date rec'd by registrar) (b) Joseph D. Murray Registrar

MEDICAL CERTIFICATION

20. Date of death July 19 1940, at 11:55 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 1906 19____, to July 19 1940, and that I last saw him alive on July 19 1940.

Immediate cause of death: Cerebral Hemmorrhage — Duration: 2 days

Due to: Arteriosclerosis

Due to:

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H.H. Tabb M.D.
M. D. or other

Address Hancock Md, Date signed 7/20/40

RECEIVED
AUG 7 1940
BUREAU V. S.

Dr. Bell.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

07977

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:
County Washington
City or town White Hall
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Hagerstown Route 1
Stay in hospital or inst. (yrs., or mos., or days) at Home
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town White Hall Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Hagerstown Route 1
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Infant Moser

3. (b) Social Security Number no.

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	White	single

6 (b) Name of husband or wife Single

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July - 11 - 1940

8. AGE: Years — Months — Days — If less than one day ____ hrs. ____ min.

9. Birthplace White Hall Wash. Co. Md.
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name Welty Moser
13. Birthplace Near Boonsboro Wash. Co. Md.

MOTHER
14. Maiden name Pearl Tucker
15. Birthplace Wash. Co. Md.

16. Informant Welty Moser
Address Hagerstown Md. Route 1

17. Burial (Burial, cremation, or removal. Which?) Date thereof July-12-1940 (month) (day) (year)

Cemetery or crematory Knoxville Cemetary
Location Knoxville Md.

18. Funeral director Wm. D. Bast & Son
Address Boonsboro Md.

19. July 11 1940 (Date rec'd by registrar) William D. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 11, 1940, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 11, 1940, to July 11, 1940, and that I last saw h— alive on ____ 19____

Immediate cause of death Asphyxiation due to prolapse of cord before presenting head. Baby was dead when born.

DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causee, fill in the following:
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? ____ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) ____
Means of injury ____ Injured at work?

23. SIGNATURE R. A. Bell M. D. or other
Address Hagerstown Md. Date signed 7/12/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 5 1940
BUREAU V. S.

07978

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH:

County Washington Co.

City or town Williamsport Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 102 Salisbury St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George McClellan Munma

3. (b) Social Security Number

4. Sex: Male

5. Color or race: American

6. (a) Single, married, widowed, or divorced: no

6 (b) Name of husband or wife: no

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 26 1940

8. AGE: Years | Months | Days | If less than one day: still born — hrs. min.

9. Birthplace: Williamsport Washco. Md
(Town, county, and state)

10. Usual occupation: none

11. Industry or business: none

FATHER
12. Name: George Munma
13. Birthplace: Hagerstown Md.

MOTHER
14. Maiden name: Freda Demeris Krepo
15. Birthplace: Williamsport Md

16. Informant: George Munma

Address: 102 Salisbury, Williamsport Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 26 1940 (month) (day) (year)

Cemetery or crematory: River view Cemetery

Location: Williamsport Maryland

18. Funeral director: Mrs Edith V. Leaf

Address: 7 Church Williamsport Md.

19. July 26 1940 (Date rec'd by registrar) Mrs E. Lee McElroy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 26 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26 1940, to July 26 1940, and that I last saw him alive on July 26 1940.

	DURATION
Immediate cause of death: Prematurity	7 mo.
Due to: Pyelitis of Pregnancy	6 mo.
Due to: Frank Breech Presentation	16 hrs.
Other conditions: None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: K. F. Young M. D. or other

Address: Williamsport Md Date signed 9/26/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (130)

07979

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 27½ W Bethel St.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 27½ W. Bethel St.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Isaac Newton Pindle

3. (b) Social Security Number None

4. Sex Male

5. Color or race Col

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Ida S. Pindle

6(c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Oct 24 - 1858

8. AGE: Years 71 Months 8 Days 18 If less than one day ___ hrs. ___ min.

9. Birthplace Hagerstown Md (Town, county, and state)

10. Usual occupation Cook

11. Industry or business Retired

FATHER 12. Name Richard Pindle

13. Birthplace Maryland

MOTHER 14. Maiden name Atialda Nimmie

15. Birthplace Maryland

16. Informant Ida S. Pindle

Address 27½ W Bethel St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 7-15-40 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md

18. Funeral director John M Caldwell

Address Hagerstown Md

19. July 15, 1940 (Date rec'd by registrar) Chas H Powers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/12/40 1940, at A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7/10/40 1940, to 7/12/40 1940, and that I last saw him alive on 7/11/46 1940.

Immediate cause of death Congestive Heart failure — DURATION 6 mo

Due to

Due to

Other conditions Acute nephritis — 10 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown Md Date signed 7/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-C)

07980

CERTIFICATE OF DEATH

Reg. Dist. No. 307

1. PLACE OF DEATH:

County Washington

City or town Locust Grove
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rural — near Rohersville.

Stay in hospital or inst. (yrs., or mos., or days) at Home

Stay in this community (yrs., or mos., or days) 28 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Locust Grove Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural - near Rohersville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Emory Edward Poffenberger

3. (b) Social Security Number None

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Cora M. Poffenberger

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) February - 1 - 1872

8. AGE: Years 68 Months 5 Days 27 If less than one day ____ hrs. ____ min.

9. Birthplace Rohersville Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer & Fruit Grower

11. Industry or business own Farm

FATHER
12. Name Sampson Poffenberger
13. Birthplace Rohersville Wash. Co. Md.

MOTHER
14. Maiden name Susan Palmer
15. Birthplace Rohersville Wash. Co. Md.

16. Informant Mrs. Cora M. Poffenberger
Address Locust Grove Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 31 - 1940 (month) (day) (year)

Cemetery or crematory Locust Grove

Location Cemetary, Locust Grove Md.

18. Funeral director Wm. F. Bast & Son
Address Boonsboro Md.

19. July 31 1940 (Date rec'd by registrar) Mrs. Katherine Daquehart Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July - 28" 1940, at 11 30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 26" 1940, to July 28" 1940, and that I last saw in alive on July 26" 1940.

Immediate cause of death Uraemic Poisoning — DURATION 2 days.

Due to Chronic nephritis. cwGR.
Duration: two years.

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide ____ Date of ____
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury ____ Injured at work?

23. SIGNATURE J. Hubert Wade M.D. M. D. or other
Address Boonsboro Md Date signed 6/30/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (12)

Reg. Dist. No. 302

07981

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Washington
(b) City or town Hagerstown (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Washington County Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED
(a) State Md (b) County Washington
(c) City or town Hancock (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Paul Darwin Rash.

3 (b) If veteran, name war: No
3 (c) Social Security No.: No.

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Single
6 (b) Name of husband or wife
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Oct. 19-1929

8. AGE: Years 10 | Months 4 | Days 26 | If less than one day hr. min.

9. Birthplace Hancock Md. (Town, county, and state)
10. Usual occupation School Child.
11. Industry or business

FATHER
12. Name Oscar J. Rash
13. Birthplace Maryland

MOTHER
14. Maiden Name Elsie Huber
15. Birthplace Hancock Md.

16 (a) Informant Elsie Rash.
(b) Address Hancock Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof July 17 1940 (month) (day) (year)
(c) Cemetery or crematory Presbyterian
Location Hagerstown Pa.

18 (a) Funeral director L. P. Leitzinger
(b) Address Hancock Md.

19 (a) July 15 1940 (Date rec'd by registrar) (b) Chas Hoover Registrar

MEDICAL CERTIFICATION

20. Date of death July 15 1940, at 7.10 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 14 1940, to July 14 1940, and that I last saw him alive on July 14 1940.

Immediate cause of death	Duration
Tetanus	
Due to Infection	
Due to Jaw Ch w wire	
6 days ago.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature J. Allen Seymour M. D. (M. D. or other)
Address Hagerstown, Md Date signed 7/15-40

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07982

(8)

1. PLACE OF DEATH

County Washington — Registration Dist. No. 302

Village or City Hagerstown, Md. (WITHIN CORPORATE LIMITS OF) — No. — St., 3 — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME (Stillborn) Reinhart

(a) Residence: No. ____ St., ____ Ward. ____

(Usual place of abode) — If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 13, 1940

7. AGE Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	0	0	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) ____ 11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) Hagerstown, Md.
(State or country) Washington Co.

FATHER

13. NAME Burnam Wilson Reinhart

14. BIRTHPLACE (city or town) Hagerstown, Md.
(State or country) Washington Co.

MOTHER

15. MAIDEN NAME Marjorie Jane Hearn

16. BIRTHPLACE (city or town) Princeton, W.Va.
(State or country)

17. INFORMANT Mrs. B.W.Reinhart
(Address) 49 Summit Ave. Hagerstown

18. ~~BURIAL~~, CREMATION, OR ~~REMOVAL~~
Place Wash. Co. Hospitd Date July 16, 1940

19. UNDERTAKER ____
(Address)

20. FILED July 16, 1940 Chas. H. Bowers
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 13 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1940, to July 13 1940

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at ____ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Stillborn 4½ months gestation (induced abortion)	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? ____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of Injury ____

24. Was disease or injury in any way related to occupation of deceased? ____

If so, specify ____

(Signed) E. T. Co-pe-11 M. D.

(Address) Hagerstown, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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AUG 8 1940
U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07983

(93-1)

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County Washington

City or town Rural- near Clearspring, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 69 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Rural- Clearspring, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edward Elwood Repp

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

B (b) Name of husband or wife Ida C. Repp

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 6, 1871

8. AGE: Years 69 Months 1 Days 21 If less than one day ___ hrs. ___ min.

9. Birthplace Wash. cOunty, Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name David Repp
13. Birthplace Wash. County, Md.

MOTHER
14. Maiden name Susan Thompson
15. Birthplace Wash. County, Md.

16. Informant Mrs. Ida C. Repp

Address Clearspring, Md. R F D

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 28, 1940 (month) (day) (year)

Cemetery or crematory Balir's Valley Cemetery

Location Near Clearspring, Md.

18. Funeral director Snyder-Rowland Funeral Home

Address Clearspring, Md.

19. July 28 1940 (Date rec'd by registrar) J. W. Murray Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 26, 1940- 11:25 A. M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20 1940, to July 26 1940 and that I last saw h 17 alive on July 26 1940.

Immediate cause of death Chronic Myocarditis — DURATION 1 yr.

Due to

Due to

Other conditions Asthma
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. H. Bradley M.D. M. D. or other

Address Hagerstown, Md. Date signed 7/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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AUG 7 1940
BUREAU V. S.

Wolfinger

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (73-d)

CERTIFICATE OF DEATH

07984

Reg. Dist. No. 3 of 40

1. PLACE OF DEATH:
County Washington
City or town Edgemont md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State md County Washington
City or town Edgemont Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Henry A Reynolds

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Nancy Shockey
6(c) If alive, give age 6 years

7. Birth date of deceased (mo., day, yr.) Oct 12 1851

8. AGE:

Years	Months	Days	If less than one day
88	9	18	hrs. min.

8. Birthplace Edgemont md
(Town, county, and state)
10. Usual occupation Farmer & Blacksmith
11. Industry or business
FATHER 12. Name Henry B Reynolds
13. Birthplace Washington Co md
MOTHER 14. Maiden name Margaret
15. Birthplace Washington Co md
16. Informant Nancy Reynolds
Address Edgemont md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 8/2 1940 (month) (day) (year)
Cemetery or crematory Smithburg Cemetery
Location Smithburg md
18. Funeral director Walter Y Grove
Address Waynesboro Pa
19. Aug 1st 1940 (Date rec'd by registrar) Geo. W. Ferguson Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 30, 1940, at 5 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 1939 to July 30, 1940, and that I last saw him alive on July 30 1940.

Immediate cause of death	DURATION
Chronic myocarditis	
Due to	
Due to	
Other conditions Senile Dementia	

(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter L. Wolfinger M.D.
M. D. or other
Address Smithsburg Md Date signed July 31 1940

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-2)

CERTIFICATE OF DEATH

17985

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town St. James Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 23 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town St. James Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Mary Jane Cushen Schamel

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife George C Schamel

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Nov. 1. 1859

8. AGE: Years 80 | Months 9 | Days 8 | If less than one day hrs. min.

9. Birthplace Funkstown Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER — 12. Name Robert Cushen

13. Birthplace Weaverton Md

MOTHER — 14. Maiden name Susan Garver

15. Birthplace Near Brethersville Md.

16. Informant Mrs. Francis Murry

Address St. James Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 10 1940 (month) (day) (year)

Cemetery or crematory Manor Cemetery

Location Near Tilghmanton Md.

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. 7/10 1940 (Date rec'd by registrar) J. S. Bloom Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 8 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6/30/40 to 7/8/40 1940; and that I last saw h alive on 7/8/40 1940

Immediate cause of death	DURATION
Coronary Occlusion due to Chronic nephritis	3 yrs.
With Hypertension	
Due to Chronic nephritis	10 yrs.
Due to Hypertension	20 yrs.
Other conditions None	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Ralph F. Young M. D. or other

Address Williamsport, Md Date signed 7/9/40

RECEIVED
AUG 5 1940
BUREAU V. S.

Schurr Child

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (66-P) CB

07986

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Hagerstown Hosp.

Stay in hospital or ~~inst.~~ (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days) 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Penna. County Franklin

City or town Green Castle Ward No. —

(If outside city or town limits, write RURAL NEAR and give town)

Street No. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ✓

3. (a) FULL NAME Richard Schurr

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 28, 1940

8. AGE: Years — Months — Days 1 It less than one day hrs. min.

9. Birthplace Hagerstown Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Earl Schurr

13. Birthplace Berks Co. Penna

MOTHER 14. Maiden name Marie Bush

15. Birthplace Berks Co. Penna.

16. Informant Earl H. Schurr

Address Green Castle, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30 1940 (month) (day) (year)

Cemetery or crematory Mount Zion

Location Berks Co. Penna

18. Funeral director Jacob A. Peeler

Address Green Castle, Pa.

19. July 29 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 29 1940, at 18 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1940, to July 29 1940, and that I last saw him alive on July 28 1940.

Immediate cause of death: Xanthomatosis, or lipomatosis; congenital. Cut. P. — DURATION 1 day

Due to Dominant inherentency

Due to Cyanosis, which grew progressively worse, the infant dying in 24 hours.

Other conditions Blood, lipaemic

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE T. H. Gilland M. D. or other

Address Green Castle, Pa. Date signed 7-29-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (137-a)

07987

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 4 weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State W. Va County Berk ✓

City or town Near Marlowe W. Va Ward No. —
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Near Marlowe Wl Va
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Brown Smaltz

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Jennie Smaltz

6(c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 7 1875

8. AGE: Years	Months	Days	If less than one day
65	2	10	hrs. min.

9. Birthplace Marlowe W. Va
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Transurethral

FATHER
12. Name Brown Smaltz
13. Birthplace Rockingham Co. W. Va

MOTHER
14. Maiden name Laura Baker
15. Birthplace Marlowe W. Va Hypertrophied

16. Informant Jennie Smaltz
Address Marlowe W. Va

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 21 1940 (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Md

18. Funeral director Edith V Leaf

Address Williamsport, Md

19. July 20 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17 1940, at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 17 1940 to July 17 1940, and that I last saw him alive on July 17 1940.

Immediate cause of death Post Operative Pulmonary Embolus Occluding Pulmonary Artery — DURATION: Immediate

Due to Unknown Tonsillectomy — 4 wks

Due to Unknown Transurethral Prostatic Resection — 3 wks

Other conditions Old Fibroid Pulmonary Tuberculosis (Ex-San. Patient)
(Include pregnancy within 3 months of death)

Major findings:
Of operations Hypertrophied Tonsils & Prostate Gland
Of autopsy Blood Clots in Pulmonary Artery

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE R. F. Young M. D. or other

Address Williamsport, Md Date signed 7/19/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (122E)

CERTIFICATE OF DEATH

07988

Reg. Diat. No. 302

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Washington County Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 weeks

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Md. Ward No. 2

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 409 S. Potomac Street

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel A. Springer

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lottie M. Springer

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) June 27, 1872

8. AGE: Years	Months	Days	If less than one day
68	0	7	hrs. min.

9. Birthplace Washington County, Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name John M. Springer

13. Birthplace Washington Co., Md.

MOTHER 14. Maiden name Mary V. Kohlburg

15. Birthplace Washington County, Md.

16. Informant Mrs. Lottie M. Springer

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July (month) 8 (day) 1940 (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. July 8 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 4, 1940 - 8:45 A. M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 5 1940 to July 4 1940, and that I last saw h[illegible] alive on July 3 1940

Immediate cause of death Cerebral Thrombosis on 5/5/40 DURATION

Cerebral Hemorrhage on 7/4/40

Due to

Due to Partial intestinal obstruction, due to — a fecal impaction or a paralytic ileus.

Other conditions Partial intestinal obstruction 10 days

Not due to cancer. Cured.

(Include pregnancy within 3 months of death)

Major findings:

Of operations Partial intestinal obstruction

Exteriorstomy done 1 week ago

Of autopsy same

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F. F. Lusby M. D. or other

Address 17 W. Washington Date signed 7/4/40

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AUG 6 1940
BUREAU V

07989

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:

County Washington

City or town Rural- Keedysville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Wash

City or town Rural-Keedysville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME
Infant Starleper

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.): July 28, 1940

8. AGE: Years | Months | Days: 3 | If less than one day: hrs. min.

9. Birthplace: Keeysville
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name: David Starleper
13. Birthplace: Hagerstown

MOTHER
14. Maiden name: Margret Hebb
15. Birthplace: Sharpsburg Maryland

16. Informant: David Starleper
Address: Keedysville, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 7-31-1940 (month) (day) (year)

Cemetery or crematory: Mt. View

Location: Sharpsburg- Md.

18. Funeral director: R. I. Earnshaw
Address: Keedysville, Md.

19. 7/31/40 19
(Date rec'd by registrar)
R. H. Geeting
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1940, at 6 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Birth 19 , to 19
and that I last saw her alive on July 29 1940

Immediate cause of death: Congenital Atelectasis. — DURATION: 60 hrs

Due to: Abnormal position in Whomas — Shoulder presentation.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Walter H. Sherley M.D.
M. D. or other
Address Sharpsburg Md. Date signed 7/31/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

07990

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County: Washington

City or ~~town~~: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 yr

Hospital, institution, or street address where death occurred: 23 Elizabeth st.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No.: 23 Elizabeth

(If rural, give LOCATION)

2.(a) If veteran, name war: —

3.(a) FULL NAME: Alice E. Stout

3.(b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widow

6.(b) Name of husband or wife: William E. Stout

6.(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): Feb 1 — 1886

8. AGE: Years: 54 | Months: 5 | Days: 5 | If less than one day: ... hrs. ... min.

9. Birthplace: Philadelphia, Pa.

(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business: own home

FATHER — 12. Name: George E. Gaul

FATHER — 13. Birthplace: Germany

MOTHER — 14. Maiden name: Catherine Curtin

MOTHER — 15. Birthplace: London, England

16. Informant: Mrs Romus Keadle

Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 8-1940 (mnnth) (day) (year)

Cemetery or crematory: Rose Hill

Location: Hagerstown, Md.

18. Funeral director: C. M. Sutcliffe & Sons

Address: Hagerstown, Md

19. July 8. 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/6 1940, at 7 a. m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 — 1940, to 7/6 — 1940 and that I last saw her alive on 7/5 — 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	6 mos.
arterio-sclerosis	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: none

Date of op.

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: none

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE: Vira B Miller M. D. or other

Address: Hagerstown Md, Date signed 7/6-1940

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (191)

CERTIFICATE OF DEATH

07991

Reg. Dist. No. 302

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 410 George Street
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 30 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown Ward No. 5
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 410 George Street
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lloyd Henry Swain

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Ava B. Swain
6(c) If alive, give age: 41 years

7. Birth date of deceased (mo., day, yr.): May 18, 1884

8. AGE: Years	Months	Days	If less than one day
56	2	9	hrs. min.

9. Birthplace: Sharpsburg- Wash. Md. (Town, county, and state)
10. Usual occupation: Restaurant Proprieter
11. Industry or business

FATHER
12. Name: Charles Henry Swain
13. Birthplace: Prince George County, Md.

MOTHER
14. Maiden name: Anna Wilson
15. Birthplace: Sharpsburg, Md.

16. Informant: Clifford Swain
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30, 1940 (month) (day) (year)
Cemetery or crematory: Mountain View Cemetery
Location: Sharpsburg, Md.

18. Funeral director: Fred W. Kraiss
Address: Hagerstown, Md.

19. July 29, 40 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27 19 40, at 9:30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ---- 19---, to ---- 19----, and that I last saw him alive on ---- 19----.

Immediate cause of death	DURATION
Heat exhaustion,	7/27/40
Due to Chronic alcoholism	1930
Due to Obesity	1920
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ------ No Date of
Where did injury occur? ------ (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work? no

23. SIGNATURE: D. Robert Wells DEPUTY MEDICAL EXAM. WASH. CO., MD.
Address: Hagerstown, Md. M. D. or [illegible]
Date signed: 7/29/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

07992

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital or institution: Washington Co. Home
Stay in hospital or inst. (yrs., or mos., or days) 2 yrs
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Wash
City or town Hancock Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR no.

3. (a) FULL NAME Emory Thompson

3. (b) Social Security Number

4. Sex Male
5. Color or race W.
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Pauline Mitchell
6(c) If alive, give age years
7. Birth date of deceased (mo., day, yr.) Jan 21 1894
8. AGE: Years 46 Months 5 Days 29 If less than one day hrs. min.
9. Birthplace Wash Co Md. (Town, county, and state)
10. Usual occupation Laborer
11. Industry or business General
FATHER 12. Name Phillip H Thompson
13. Birthplace Wash Co Md.
MOTHER 14. Maiden name Sarah E Weller
15. Birthplace Wash Co Md.
16. Informant Mrs Kit Thompson
Address Hancock Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 7 22 1940 (month) (day) (year)
Cemetery or crematory River View
Location Hancock Md
18. Funeral director T P Jenkins
Address Hancock Md.
19. July 20, 1940 Chas H Bowers
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 7/20 1940, at 4 a.m.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1940, to July 20 1940, and that I last saw him alive on July 20 1940.
Immediate cause of death Cerebral Thrombosis
DURATION 4 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE J H Beachy M.D.
Address Hagerstown, Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (183)

07993

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Old Forge Nr Security
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Washington

City or town Smithsburg
(If outside city or town limits, write RURAL and give nearest town)

Street No. R.F.D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Scott Morris Toms

3.(b) Social Security Number 179-12-4510

4. Sex male

5. Color or race white

6.(a) Single, married, widowed, or divorced single

6.(b) Name of husband or wife —

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Dec. 19, 1922

8. AGE: Years ~~18~~ 17 Months ~~6~~ 7 Days ~~26~~ 1 If less than one day ..... hrs. ..... min.

9. Birthplace Ringgold (Town, county, and state)

10. Usual occupation Landis Tool Co.

11. Industry or business

FATHER
12. Name Morris Toms
13. Birthplace Foxville Md

MOTHER
14. Maiden name Molly Pryor
15. Birthplace Garfield, Md.

16. Informant Morris Toms
Address Smithsburg, Md.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 23, 1940 (month) (day) (year)

Cemetery or crematory Ringgold Cemetery

Location Ringgold Md.

18. Funeral director Andrew K. Cossman
Address Hagerstown, Md.

19. July 22, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 20 1940, at 10:45 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19....., to ..... 19.....
and that I last saw him alive on ..... 19.....

Immediate cause of death	DURATION
Suffocation by drowning.	7/20/40
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Accident Date of 7/20/40

Where did injury occur? near Security (City or town) Wash. (County) Md. (State)

Injured at home, farm, industry, public place (where?) Antietam Creek

Means of injury Drowned Injured at work? no

23. SIGNATURE G. Raker & Wells, M.D. DEPUTY MEDICAL EXAM. WASH. CO., MD. M. D. or other

Address Hagerstown, Md. Date signed 7/22/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

07994

(159)

1. PLACE OF DEATH

County Washington Registration Dist. No. 203

Village or City Big Pool. Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ... yrs. ... mos. 1/2 ds. How long in U. S. if of foreign birth? ... yrs. ... mos. ... ds.

2. FULL NAME Baby Girl Tressler If U. S. Veteran, specify WAR

(a) Residence: No. R.F.D. Big Pool. Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	W.	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) July 24. 1940

7. AGE	Years	Months	Days	If LESS than 1 day, 10 hrs. or ... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. None

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Big Pool. Md.

FATHER

13. NAME Daniel Raymond Tressler

14. BIRTHPLACE (city or town) (State or country) Middleburg Penn'a.

MOTHER

15. MAIDEN NAME Pearl Elizabeth Grumbine

16. BIRTHPLACE (city or town) (State or country) Greencastle Penn'a.

17. INFORMANT Mrs. Dan. R. Tressler
(Address) Big Pool. Md

18. BURIAL, CREMATION, OR REMOVAL
Place At home Date 7/25/40 19
Daniel Raymond Tressler

19. UNDERTAKER father of Infant
(Address) Big Pool Md

20. FILED July 25, 19 40 J. W. Murray
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July (Month) 25 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 24, 1940 to July 25, 1940

I last saw her alive on July 25, 1940; death is said to have occurred on the date stated above, at 9:00 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Prematurity (non-viable)	7/24/40

Other Contributory Causes of Importance:

None.

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Austin Robert Colvin M. D.

(Address) Clearspring Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
AUG 8 1928
U. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-a)

CERTIFICATE OF DEATH

07995

Reg. Dist. No. 302

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 30 yr
Hospital, institution, or street address where death occurred:
115 N. Potomac
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 115 N. Potomac
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: John Lewis Weaver

3.(b) Social Security Number: none

4. Sex	5. Color or race	b.(a) Single, married, widowed, or divorced
male	white	Widower

6.(b) Name of ~~husband~~ or wife: California M. Weaver
6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Jan 31 - 1872

8. AGE: Years 68 | Months 5 | Days 26 | If less than one day ... hrs. ... min.

9. Birthplace: Gettysburg, Adams Co. Pa.
(Town, county, and state)

10. Usual occupation: Retired Jeweler

11. Industry or business

FATHER
12. Name: William M. Weaver
13. Birthplace: Flatbush, Pa.

MOTHER
14. Maiden name: Caroline M. Stock
15. Birthplace: Gettysburg, Pa.

16. Informant: Miss Leohilde Weaver
Address: Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 30 - 1940 (month) (day) (year)
Cemetery or ~~crematory~~: Rest Haven
Location: Hagerstown, Md.

16. Funeral director: C. M. Suter & Sons
Address: Hagerstown, Md

19. July 29, 1940 (Date rec'd by registrar) Chas. H. Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 27, 1940 at 4:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 22, 1940 to July 27, 1940.
and that I last saw him alive on July 25, 1940.

Immediate cause of death	DURATION
Hypertensive cardio-vascular-renal disease.	Years
Due to	
Due to	
Other conditions: None.	

(Include pregnancy within 3 months of death)

Major findings of operations: No operation.
Date of op.
Autopsy results: No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide. Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: L. A. Beel M.D.
M. D. or other
Address: Hagerstown Md. Date signed: 7/27/40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (107)

CERTIFICATE OF DEATH

07996

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Co. Hospital

Stay in hospital or inst. (yrs., or mos., or days) 7

Stay in this community (yrs., or mos., or days) 7

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md. County Washington

City or town Hagerstown Ward No. 5 (If outside city or town limits, write RURAL NEAR and give town)

Street No. 809 Salem Ave. (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME William Clayton Weidner

3. (b) Social Security Number

4. Sex M.

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5, 1940

8. AGE: Years | Months | Days 7 | If less than one day ____ hrs. ____ min.

9. Birthplace Hagerstown, Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name Glenn Weidner

13. Birthplace Adams Co. Pa.

MOTHER 14. Maiden name Margaret Barnhart

15. Birthplace Franklin Co. Pa.

16. Informant Glenn Weidner

Address Hagerstown, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 13, 1940 (month) (day) (year)

Cemetery or crematory Beautiful View

Location Washington Co. Md.

18. Funeral director Jacob A. Tuter

Address Greencastle, Pa.

19. July 13, 1940 (Date rec'd by registrar) Chas H Bowers Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 12, 1940, at 7:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5, 1940, to July 12, 1940, and that I last saw him alive on July 12, 1940.

Immediate cause of death	DURATION
Bronchial pneumonia	1 day
Due to	
Due to	
Other conditions Prematurity	8 days

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy None

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M. D. or other

Address Hagerstown, Md. Date signed 7/13/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (830)

CERTIFICATE OF DEATH

07997

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

131 Blooms Avenue

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 10 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown Ward No. 5

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 131 Blooms Avenue

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Joseph Newton Wells

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

8 (b) Name of husband or wife Anna Wells

6(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Unknown 1818~~56~~

8. AGE:

Years	Months	Days	If less than one day
84	--	--	hrs. min.

9. Birthplace Winchester- Virginia (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER 12. Name George Wells

13. Birthplace Unknown--- Virginia

MOTHER 14. Maiden name Finette --------

15. Birthplace -------- Virginia

16. Informant Brook Wells

Address Chambersburg, Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 27, 1940 (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. July 27 1940 Chas A Bowers (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 23, 1940 9:00 A. M. at M. M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 20 1940 to July 23 1940, and that I last saw h/m alive on July 20 1940.

	DURATION
Immediate cause of death Cerebral Hemorrhage	5 days
Due to	
Due to	
Other conditions Arteriosclerosis.	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas J Bellman M. D. or other

Address Hagerstown Md Date signed 7/26/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

07998

CERTIFICATE OF DEATH

Reg. Dist. No. 306

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Washington
City or town Pen Mar md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Washington
City or town Hagerstown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edgar Mason Wilhide

3. (b) Social Security Number 181-03-3962 (Rev.)

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	White	married

6 (b) Name of husband or wife Carrie Ditch Wilhide
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1886

8. AGE: Years	Months	Days	If less than one day
54	9	13	hrs. min.

8. Birthplace Hagerstown md (Town, county, and state)
10. Usual occupation Printer
11. Industry or business
FATHER 12. Name Samuel Wilhide
13. Birthplace md
MOTHER 14. Maiden name Elizabeth Robinson
15. Birthplace md
16. Informant Mrs Carrie Wilhide
Address Pen mar md
17. (Burial, cremation, or removal. Which?) Date thereof 7-8-1940 (month) (day) (year)
Cemetery or crematory Burns Hill
Location Waynesboro Pa
18. Funeral director Walter y Grove
Address Waynesboro Penna
19. July 6 1940 Geo. W. Ferguson
(Date received by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 5 1940, at 7a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 5 1940 to July 5 1940 and that I last saw h alive on July 5 1940.

	DURATION
Immediate cause of death Coronary Embolism	
Due to Arterio Sclerosis + Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Robert B. Brown M.D.
M. D. or other
Address Waynesboro Pa. Date signed July 8 '40

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (63-E)

07999

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington

City or town: Hagerstown (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred: Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County: Wash.

City or town: Smithsburg R.F.D. (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Ardie W Winters

3.(b) Social Security Number: None

4. Sex: Male

5. Color or race: W

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Shirdie

6.(c) If alive, give age: 62 years

7. Birth date of deceased (mo., day, yr.): June 1 1877

8. AGE: Years: 63 Months: 1 Days: 14 If less than one day: hrs. min.

9. Birthplace: Cane town (Town, county, and state) Wash Co Md

10. Usual occupation: Fruit Grower Hyper

11. Industry or business: Small fruits

FATHER
12. Name: Samuel W Winters
13. Birthplace: Canetown Md

MOTHER
14. Maiden name: Keturah Harbaugh
15. Birthplace: Beaver Creek Md

16. Informant: Shirdie Winters

Address: Smithsburg R.F.D.

17. (Burial, cremation, or removal. Which?) Date thereof: July 17 1940 (month) (day) (year)

Cemetery or crematory: Canetown Cemetery

Location: Canetown Md.

16. Funeral director: Wm H Downey

Address: 100 E Balto Hagerstown

19. July 16, 1940 (Date rec'd by registrar) C M H Beaver Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 15 1940, at 12.10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 20 1940, to July 15 1940 and that I last saw him alive on July 15 1940

Immediate cause of death: Thyroid Crisis + Hemorrhage internal?

Due to: Thyroidectomy

Due to: Hyperthyroidism + Psychoneurosis

Other conditions

(Include pregnancy within 3 months of death)

DURATION
12 hrs
1 yr
3 yrs

Major findings of operations: Hyperthyroid Lesion substernal Adenoma Date of op. July 14 1940

Autopsy results: Internal Hemorrhage

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE: G. G. Kohler M. D. or other

Address: Smithsburg Date signed: 7/15/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
AUG 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1637) MD

08900

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 days.
Hospital, Institution, or street address where death occurred:
D. ed in Ambulance enroute to
How long in hospital or institution? Wash. Co Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Penna County Philadelphia ✓
City or town Philadelphia
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2819 West Sinard St
(If rural, give LOCATION)
2.(a) If veteran, name war no

3.(a) FULL NAME Frances Zerkas.

3.(b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Single.

6.(b) Name of husband or wife none
6.(c) If alive, give age ——— years

7. Birth date of deceased (mo., day, yr.) September 26-1921

8. AGE: Years 18 | Months 9 | Days 18 | If less than one day ... hrs. ... min.

9. Birthplace Philadelphia Phila Co. Pa.
(Town, county, and state)

10. Usual occupation House work
11. Industry or business at Home.

FATHER
12. Name Anthony Zerkas
13. Birthplace Austria

MOTHER
14. Maiden name Adeline Shewchack
15. Birthplace Austria

16. Informant Anthony Zerkas
Address Philadelphia Pa.

17. Burial (Burial, cremation, or removal. Which?) Date thereof July 18-1940 (month) (day) (year)
Cemetery or crematory St Mary's Cemetery
Location Fox Chase Pa.

18. Funeral director Andrew K. Coffman
Address Hagerstown, Md

19. July 14, 1940 (Date rec'd by registrar) Chas H. Groves Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 13 1940 at 9:30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ... 19 ... to ... 19 ...
and that I last saw her alive on ... 19 ...

	DURATION
Immediate cause of death: Acute lysol poisoning	7/13/40
Due to: Acute alcoholic poisoning	7/13/40
Due to:	
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings of operations none
Date of op. ...
Autopsy results as above
PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Suicide Date of 7/13/40
Where did injury occur? Hagerstown (City or town) Wash. (County) Md. (State)
Injured at home, farm, industry, public place (where?) Hamilton Hotel
Means of injury drank lysol Injured at work? no

23. SIGNATURE R. Robert Mello DEPUTY MEDICAL EXAM. WASH. CO., MD.
Address Hagerstown, Md. M. D. or other
Date signed 7/15/40

VS A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 1 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (13-E)

CERTIFICATE OF DEATH

08001

Reg. Dist. No. 305

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH.

County Washington

City or town Sam Mar.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Fahrney Memorial Home

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 7 yrs - 6 mo - 23 days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington Frederick

City or town Sam Mar Middletown

(If outside city or town limits, write RURAL NEAR and give town)

Ward No.

Street No. Fahrney Memorial Home

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR NO.

3. (a) FULL NAME Minnie Zittle

3. (b) Social Security Number None.

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife John H. Zittle

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) August - 29 - 1856

8. AGE:

Years	Months	Days	If less than one day
83	10	11	____ hrs. ____ min.

9. Birthplace Middletown Fred. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home.

FATHER

12. Name Alexander Weaver

13. Birthplace Middletown Fred. Co. Md.

MOTHER

14. Maiden name Hannah Mencly

15. Birthplace Middletown Fred. Co. Md.

16. Informant Fahrney Memorial Home

Address Boonsboro Md. Route 2.

17. Burial. (Burial, cremation, or removal. Which?) Date thereof July 13. 1940 (month) (day) (year)

Cemetery or crematory Reformed Cemetary

Location Middletown Md.

18. Funeral director Wm. D. Bast & Son

Address Boonsboro Md.

19. July 12 1940 (Date rec'd by registrar) William J. Bast Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH July 10 1940, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1936 to July 10 1940, and that I last saw her alive on July 10 1940.

Immediate cause of death	DURATION
Chronic Myocarditis	1933
Due to Chronic Nephritis.	1938
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. W. Sellers M.D.

M. D. or other

Address Boonsboro. Date signed 7/14/40

RECEIVED
AUG 5 1949
BUREAU V. S.